

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

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STATE OF HAWAII STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly) PARTI LOBBYIST NAME(Last) (First) (Middle) **TELEPHONE** Patricia Martin (509) 787-4275 Anne MAILING ADDRESS (Street) 617 H Str SW Same (State) (Zip Code) 98848 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) TELEPHONE MAILING ADDRESS (Street) (State) (Zip Code) 94133-3312

PART II ORGANIZ	ZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Earth Island Institute		(415) 788-3666
MAILING ADDRESS (Str	eet)	FAX
300 Broad (City)		
(City)	(State)	(Zip Code)
San Francisc	o CA 9	4133-3312
NAME OF PERSON RESPO	NSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Patricia An	ne Martin	(509) 787-4275
MAILING ADDRESS (Stre	eet)	FAX
617 H St	SW	Same
(City)	(State)	(Zip Code)
Quina	WA	78843

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	
DARTIN CERTIFICATION C	DE LOPPVIET		
PART IV CERTIFICATION C		o the best of my knowledge, cor	rect and complete.
Thereby certify that the first			
T.T.	hart		y 10, 2007
(9	Signature of Lobbyist)	/ (Date	<u> </u>
PART V AUTHORIZATION	TO LOBBY		
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
John A. Knox	Exe	cutie Director & V	r. P.
NAME OF ORGANIZATION (if applica	able)	TELEP	HONE
Earth Island Institute		415	788 3666
MAILING ADDRESS (Street)		FAX	
300 Broadwa	y, Svite 28	416	788 7324
(City)	(State)	(Zip Code)	
San Francisco	CA	9413.	
I hereby authorize the abo	ve - named person to engage	in lobbying activities on behalf of	of the undersigned.
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

(Signature of Authorizing Officer or Person Represented)